

SERIAL NUMBER 09/240,524	FILING DATE 01/29/99	CLASS 165	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. KCC-14-026
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APPLICANT

ROBERT JAMES GERNDT, ROSWELL, GA; JOHN JOSEPH SAYOVITZ, MARIETTA, GA.

CONTINUING DOMESTIC DATA***
VERIFIED

W. J. Gerndt

371 (NAT'L STAGE) DATA***
VERIFIED

W. J. Gerndt

FOREIGN APPLICATIONS***
VERIFIED

W. J. Gerndt

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>W. J. Gerndt</u> Examiner's Initials Initials					

ADDRESS	PAULEY PETERSEN KINNE & FEJER 2800 WEST HIGGINS ROAD SUITE 365 HOFFMAN ESTATES IL 60195
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TITLE	FLUID DISTRIBUTION SYSTEM FOR THERMAL TRANSFER ROLLERS
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FILING FEE RECEIVED \$980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7431

SERIAL NUMBER 09/240,524	FILING DATE 01/29/1999 RULE	CLASS 165	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. KCC-14-026
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APPLICANTS

ROBERT JAMES GERNDT, ROSWELL, GA;

JOHN JOSEPH SAYOVITZ, MARIETTA, GA;

** CONTINUING DATA ***** n/a - RVC

** FOREIGN APPLICATIONS ***** n/a - RVC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/17/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

ADDRESS

35844
PAULEY PETERSEN KINNE & ERICKSON
2800 WEST HIGGINS ROAD
SUITE 365
HOFFMAN ESTATES, IL
60195

TITLE

FLUID DISTRIBUTION SYSTEM FOR THERMAL TRANSFER ROLLERS

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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